

MR Waiver General Information

States make applications for Medicaid Waivers with the federal Medicaid agency, known as the Centers for Medicare and Medicaid Services (CMS). This enables states to waive the usual requirements that individuals must reside in an institution in order to receive Medicaid funding for services. In this way, Medicaid funds certain community-based alternatives to institutional care. Virginia has been offering Medicaid funded community based supports to individuals with intellectual disabilities through the MR Waiver since 1991.

In Virginia the MR Waiver is administered by the Department of Medical Assistance Services (DMAS). Day-to-day MR Waiver operations are managed by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). Locally, MR Waiver services for individuals are coordinated by case managers employed by Community Services Boards (CSBs) or Behavioral Health Authorities (BHAs). The actual services are delivered by CSBs/BHAs and private providers across the state.

In order to receive MR Waiver services, an individual must meet eligibility requirements and a "slot" (an opening of Waiver services available to a single individual) must be available. Currently the number of slots is limited by the availability of funding for MR Waiver services and there is a waiting list for MR Waiver slots. Funds are managed at the state level and the appropriation of additional funds to grow the Waiver is dependent upon General Assembly action. When new slots become available or an old slot becomes vacant, the CSB/BHA will determine from among the individuals residing in its catchment area which individual is in most critical need of services at that time.

Individual Eligibility

An individual is deemed eligible for MR Waiver services based on three factors:

- **Diagnostic Eligibility.** Individuals six years of age or older must have a psychological evaluation completed by a licensed professional that states a diagnosis of mental retardation and reflects the individual's current level of functioning. Individuals under age six must have a psychological or standardized developmental evaluation that states that the child has a diagnosis of mental retardation or is at developmental risk and reflects the child's current level of functioning.
- **Functional Eligibility.** All individuals receiving MR Waiver services must meet the ICF-MR (Intermediate Care Facility [for persons with] – Mental Retardation) level of care. This is established by meeting the indicated dependency level in two or more of the categories on the "Level of Functioning Survey."

- **Financial Eligibility:** An eligibility worker from the local Department of Social Services determines an individual's financial eligibility for Medicaid. Some individuals who would not ordinarily qualify financially for Medicaid may be eligible by receipt of MR Waiver services.

Medicaid regulations specify that, once an individual has been determined eligible by the CSB/BHA case manager, he or she must be offered a choice between institutional and Waiver services.

Waiting List Information

There are 3 classifications of waiting lists.

DMHMRSAS maintains a Statewide Waiting List, from information submitted by the CSBs/BHAs, which includes the names of individuals meeting the Urgent and Non-urgent criteria. CSBs/BHAs assess whether applicants are included in the Urgent, Non-urgent or Planning category, based on the following criteria.

1. Urgent Waiting List

The individual, who meets diagnostic and functional eligibility criteria, is considered to be at significant risk, in need of services in 30 days or less and the individual/family would accept services if they are offered. He/she must meet at least one of the following criteria:

- Both primary caregivers are 55 years of age or older, or if there is one primary caregiver, that primary caregiver is 55 years of age or older;
- The individual is living with a primary caregiver who is providing the service voluntarily and without pay and the primary caregiver indicates that he or she can no longer care for the individual with mental retardation;
- There is a clear risk of abuse, neglect, or exploitation;
- One primary caregiver, or both caregivers, has a chronic or long-term physical or psychiatric condition or conditions which significantly limits the abilities of the primary caregiver or caregivers to care for the individual with mental retardation;
- The individual is aging out of a publicly funded residential placement or otherwise becoming homeless (exclusive of children who are graduating from high school); or
- The individual lives with the primary caregiver and there is a risk to the health or safety of the individual, primary caregiver, or other individuals living in the home due to either of the following conditions:
 - The individual's behavior or behaviors present a risk to himself or others which cannot be effectively managed by the primary caregiver even with

generic or specialized support arranged or provided by the CSB/BHA; or

- There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with generic or specialized supports arranged or provided by the CSB/BHA.

2. Non-Urgent Waiting List

The individual must meet the following three criteria:

- Meets diagnostic (i.e., has mental retardation) and functional (i.e., the Level of Functioning Survey) eligibility criteria;
- Needs services within 30 days; and
- Does not meet any of the urgent criteria.

3. Planning Lists

These lists are maintained internally by the CSBs/BHAs for longer term needs projection purposes and are not considered part of the Statewide Waiver Waiting List.

- Meets eligibility criteria;
- Will need Waiver services in the future, unless circumstances change;
- Does not meet the urgent or non-urgent criteria.

MR Waiver Services Available in Virginia

The following services are available to individuals meeting the specific service criteria who have been assigned an MR Waiver slot:

- **Residential Support Services:** training, assistance and specialized supervision, provided primarily in an individual's home to help the person learn or maintain skills in activities of daily living, safety in the use of community resources, and behavior appropriate for home and the community.
- **Day support:** training, assistance and specialized supervision to enable the individual to acquire, retain or improve his/her self-help, social and adaptive skills. These services typically take place away from the home in which the individual resides and may be located in a "center" or in community locations.
- **Supported employment:** supports to enable individuals with disabilities to work in settings in which persons without disabilities are typically employed. It may be provided to one person in one job (e.g., a person working to bus tables in a restaurant) or to several people at a time when those individuals are working together as a team to complete a job (e.g., such as a grounds maintenance crew).

- **Prevocational services:** training and assistance to prepare an individual for paid or unpaid employment. These services are not job task-oriented. These are for individuals who need to learn skills fundamental to employment such as accepting supervision, getting along with co-workers, using a time clock, etc.
- • **Personal assistance:** direct support with activities of daily living (e.g., bathing, toileting, personal hygiene skills, dressing, transferring, etc.), instrumental activities of daily living (e.g., assistance with housekeeping activities, preparation of meals, etc.), accessing the community, taking medication or other medical needs, and monitoring the individual's health status and physical condition. These services may be agency-directed or *consumer-directed*.
- • **Respite:** services designed to provide temporary, substitute care for that which is normally provided by the family or other unpaid, primary caregiver of an individual. These short-term services may be provided because of the primary caregiver's absence in an emergency or on-going need for relief. These services may be agency-directed or *consumer-directed*.
- • **Companion:** provide non-medical care, socialization or support to adults in an individual's home or at various locations in the community. These services may be agency-directed or *consumer-directed*.
- These services are available in a traditional "agency-directed" model as well as a "consumer-directed" delivery model that offers the individual/family the option of hiring workers directly, rather than using agency staff.
- **Assistive technology:** specialized medical equipment, supplies, devices, controls and appliances, which enable the individual to better perform activities of daily living, to perceive, control or communicate with his/her environment, or which are necessary to his/her proper functioning.
- **Environmental modifications:** physical adaptations to an individual's home or vehicle needed by the individual to ensure his/her health, welfare and safety or enable him/her to experience greater independence in the home and around the community.
- **Skilled nursing services:** nursing services ordered by a physician for individuals with serious medical conditions and complex health care needs. This service is available only for individuals for whom these services cannot be accessed through another means. These services may be provided in an individual's home, community setting, or both.
- **Therapeutic consultation:** expert training and technical assistance in any of the following specialty areas to enable family members, caregivers, and other service providers to better support the individual. The specialty areas are: Psychology, Behavior, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Therapeutic Recreation and Rehabilitation Engineering.
- **Crisis stabilization:** direct intervention (and may include one-to-one supervision) to a person with mental retardation who is experiencing serious psychiatric or behavioral problems which jeopardize his/her current community living

situation. The goal is to avoid emergency psychiatric hospitalization or institutional admission or other out-of-home placement, as well as to stabilize the individual and strengthen the current living situation so the individual can be maintained during and beyond the crisis period.

- **Personal emergency response systems (PERS):** an electronic device that enables the individual who is alone to access a centralized, staffed emergency center in the event of an emergency.

Accessing MR Waiver Services

- Individual, family or representative requests services from the local CSB/BHA.
- The case manager determines the preferred services and necessary supports by meeting with the individual and family (or other caregivers) and confirms diagnostic and functional eligibility by obtaining a psychological evaluation and completing an ICF/MR Level of Functioning Survey (LOF).
- Once the individual is determined eligible (including financial eligibility through the Department of Social Services), the case manager informs the individual and family of the full array of MR Waiver services and documents the individual's choice of Waiver or institutional care.
- If the individual selects MR Waiver, the case manager submits required enrollment information to the DMHMRSAS Office of Mental Retardation (OMR). If no slot is available to the CSB/BHA, the individual's name will be placed on either the urgent or non-urgent Statewide Waiting List until such time as a slot becomes available. After receiving notification from OMR, the case manager notifies the individual or family in writing within 10 working days of his/her placement on either list and offer appeal rights.
- Once it is determined that a slot is available and the individual has been enrolled, the individual selects providers for needed services. The case manager coordinates the development of a Consumer Service Plan (CSP) with the individual, family or other caregivers and the service providers within 30 days of enrollment. The CSP describes the services that will be rendered.
- Prior to the start of services, the case manager forwards appropriate documentation to OMR staff for review and authorization of the requested MR Waiver services.
- Once approved, OMR staff enters service data in the DMAS computer system. This generates a notification letter to the providers and permits them to bill for approved services. Service provision should commence within 60 days from enrollment.